

CoreTel Illinois, Inc.

Application for a certificate of  
local and interexchange authority  
to operate as a facilities based  
carrier of telecommunications  
services throughout the  
State of Illinois

05-0044

**APPLICATION FOR CERTIFICATE TO BECOME A  
TELECOMMUNICATIONS CARRIER**

**GENERAL**

1. Applicant's Name(including d/b/a, if any)

FEIN # 20-1755981

CoreTel Illinois, Inc.

Address: Street 209 West Street, Suite 302

City Annapolis

State/Zip Maryland 21401

2. Authority Requested: (Mark all that apply) ☒ 13-403 Facilities Based Interexchange

☐ 13-404 Resale of Local and/or Interexchange

☒ 13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

☒ Part 710 Uniform System of Accounts for Telecommunications Carriers

The Applicant requests a waiver of Part 710 of the Commission's Administrative Rules ("Uniform System of Accounts"). The Applicant states that it is a competitive provider; accordingly the accounting safeguards set forth in Part 710 are not necessary to protect the public interest in preventing improper cross-subsidization between regulated and nonregulated affiliates. The Applicant further states that it maintains accounting records and systems that are sufficient to meet its reporting and tax obligations.

☒ Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits, Termination of Service and Issuance of Telephone Directories for Local Exchange Telecommunications Carriers in the State of Illinois

The Applicant requests a waiver of Part 735 as to its application for interexchange service authority. The market for interexchange services in Illinois is sufficiently competitive to provide consumers with protection from onerous service provider terms and conditions.

☒ Section 735.180 Directories

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ILLINOIS  
COMMERCE COMMISSION

The Applicant requests a waiver of Section 180 of Part 735. The Applicant has no expertise or experience in publication of directories. Furthermore, other service providers make directories generally available to Illinois consumers.

\_\_\_\_\_ Other

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:

- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document

Please see completed "Standard Questions", attached hereto at Tab A.

- (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;

Please see completed "9-1-1 Questions", attached hereto at Tab B.

- (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and

Please see completed "Financial Questions", attached hereto at Tab C.

- (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.

Please see completed "Prepaid Service Questions", attached hereto at Tab D.

5. In what area of the state does the Applicant propose to provide service?

Initially the Applicant will offer service in the Chicago metropolitan area. As the Applicant's business increases, and depending on customer demand, the Applicant plans to expand its service area to all parts of Illinois.

6. Please attach a sheet designating contact persons to work with Staff on the following:

- a) issues related to processing this application
- b) consumer issues
- c) customer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

A contact sheet is attached hereto at Tab E.

7. Please check type of organization?

\_\_\_\_\_ Individual X Corporation

\_\_\_\_\_ Partnership

Date corporation was formed \_\_\_\_\_

In what state? Illinois

\_\_\_\_\_ Other (Specify)

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

A copy of the articles of incorporation is attached hereto at Tab F.

9. List jurisdictions in which Applicant is offering service(s).

None.

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

\_\_\_\_ YES (Please provide details)   X   NO

11. Have there been any complaints or judgements levied against the Applicant in any other jurisdiction?

\_\_\_\_ YES   X   NO

If YES, describe fully. \_\_\_\_\_

12. Has Applicant provided service under any other name?

\_\_\_\_ YES   X   NO

If YES, please list. \_\_\_\_\_

13. Will the Applicant keep its books and records in Illinois? \_\_\_\_ YES   X   NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

Pursuant to Section 250.40 of the Illinois Administrative Code, the Applicant requests that it be permitted to keep its books and records outside of Illinois. The Applicant is headquartered in Annapolis, Maryland, and does not have or plan to have an administrative office in Illinois. The Applicant will make its books and records available to the Commission upon any lawful request.

#### MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

The professional resumes of the Applicant's CEO, General Counsel, Operations Director, and Senior Network Engineer are attached hereto at Tabs G,H,I & J.

15. List officers of Applicant.

Bret Mingo, CEO  
209 West Street  
Annapolis, MD 21401

Christopher Van de Verg, General Counsel  
209 West Street  
Annapolis, MD 21401

16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services?   X   YES        NO

If YES, list entity. CoreTel Communications, Inc., which in turn wholly owns the following telecommunications service providers: Core Communications, Inc. and CoreTel New York, Inc.

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

Applicant will bill its customers monthly. Each invoice will provide the customer, at a minimum, with the number of units purchased, the price per unit, total amount due, due date, and return address.

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

Billing inquiries will be handled by the Applicant's administrative office. Customer may submit billing inquiries by letter, fax, or email. Billing inquiries will be addressed initially by the Applicant's billing personnel; with escalation available to Applicant's management and/or legal departments. Technical inquiries will be handled by the Applicant's operations office. Customer may submit technical inquiries by email or telephone. Billing inquiries will be addressed initially by the Applicant's billing personnel; with escalation available to Applicant's management and/or legal departments. The Applicant will notify its customers of their rights to seek Commission assistance on each invoice.

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing?   X   YES        NO

20. What telephone number(s) would a customer use to contact your company?

The headquarters telephone number for billing inquiries is (410) 216-9865.

The operations center number for technical inquiries is (410) 571-6405.

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

  X   YES        NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers?

The Applicant will not market to traditional POTS business or residential customers. Accordingly, the Applicant has no special procedures to prevent slamming and cramming.

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 732, 735, 755, 756, 757, 770, and 772?   X   YES        NO (If no, please provide an explanation.)

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

  X   YES        NO

#### FINANCIAL

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

Applicant's pro-forma financial statements are attached hereto at Tab K.

TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities? ☒ YES ☐ NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

The Applicant will utilize a combination of its own switches and transmission facilities leased from other providers, including incumbent local exchange carriers, competitive local exchange carriers, and interexchange carriers. The Applicant will locate its switches in space leased from collocation providers.

The Applicant will rely on network services provided by its affiliate company, CoreTel America, Inc., which owns and operates facilities across the country and which will install and maintain equipment on behalf of the Applicant in Illinois.

If NO, which facility provider(s)'s services does the Applicant intend to use?

\_\_\_\_\_

27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

The Applicant will initially provide managed telecommunications service to internet service providers ("ISPs"). The Applicant will also potentially provide a variety of traditional voice services as well as voice-over-IP ("VOIP") and unified messaging services.

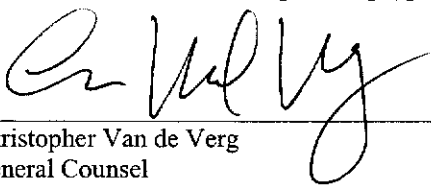
28. Will technical personnel be available at all times to assist customers with service problems?

☒ YES ☐ NO

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls?

☒ YES ☐ NO

Applicant does not intend to provide payphone service.

  
\_\_\_\_\_  
Christopher Van de Verg  
General Counsel  
CoreTel Illinois, Inc.

VERIFICATION  
UNDER OATH

State of Maryland

County of Anne Arundel

Christopher F. Van de Verg makes oath and says that he is General Counsel of CoreTel Illinois, Inc., that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

*Ch Van de Verg*  
(Signature of affiant)

Subscribed and sworn to before me, a Notary Public / \_\_\_\_\_  
(Title of person authorized to administer oaths)

in the State and County above named, this 7 day of January, 2005.

*James R. Martin, Jr.*  
(Signature of person authorized to administer oath)

*my commission expires Nov. 1, 2005*



James R. Martin, Jr.  
Notary Public, State Of Maryland  
Anne Arundel County  
My Commission Expires November 1, 2005